

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** COMMUNITY LIVING SPECIALISTS INC STAGELINE (590133)

**Address:** 469 STAGELINE ROAD, HUDSON, WI 54016

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/17/1997

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096035      **End Date:** 12/07/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095582      **End Date:** 09/07/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10010030    Served 09/21/2005

Deficiencies Cited  
88.05(3)(d)

Subject Area  
ANNUAL WELL WATER INSPECTIONS

Compliance  
Verified  
12/07/2005

Corrected  
Yes

**Survey ID:** 0092838      **End Date:** 05/26/2004      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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